

**REQUEST FOR EARLY RELEASE FORM
ELDER/HANDICAP MONTHLY DISTRIBUTION**

Revised 5/30/08, Approved By _____ (Initials), Date: _____

NAME: _____ ROLL#: _____

ADDRESS: _____

PHONE: _____

DATE: _____

I AM REQUESTING AN EARLY RELEASE OF MY MONTHLY
ELDER/HANDICAP DISTRIBUTION FOR THE MONTH OF
_____ 20____.

**(LIMIT: FOUR EARLY RELEASES PER YEAR: ONE EARLY RELEASE PER
MONTH)**

DATE OF EARLY RELEASE #1: _____ DATE OF EARLY RELEASE #2: _____

DATE OF EARLY RELEASE #3: _____ DATE OF EARLY RELEASE #4: _____

(If this is my 4th draw I acknowledge that I am ineligible for further early
releases until _____.)

SIGNATURE: _____

Procurement Initials: _____

Finance Supervisor Initials: _____

PLEASE NOTE:

**IT CAN TAKE UP TO 48 HRS TO PROCESS YOUR EARLY RELEASE CHECK, DEPENDING
ON THE CASHIER'S WORKLOAD AND THE AVAILABILITY OF CHECK SIGNERS. (DIRE
EMERGENCIES WILL BE HANDLED ACCORDINGLY.)**

1ST EARLY RELEASE

2ND EARLY RELEASE

3RD EARLY RELEASE

4TH EARLY RELEASE